MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

March 2002

DATA SYSTEMS & ANALYSIS

Data Base and Application Development

Internet-Based Physician Re-Licensure Application
MHCC has agreed to assist the Maryland Board of Physician Quality Assurance (BPQA) in the development of an Internet-based re-licensure application. MHCC staff will develop and test the application and then release the product to BPQA who will be responsible for operations. One FTE will be dedicated to this project for approximately 6 weeks. MHCC will not incur any other costs associated with this contract. The Commission's interest in supporting BPQA is driven by an interest in reducing data entry costs associated with the application. MHCC collects information on physician characteristics from the paper re-licensure application. The Internet application will eliminate data entry costs associated with the paper application.

The Board of Pharmacy has requested a demonstration of the licensure application. Staff is evaluating if a similar application could be developed for that board without substantially changing the level of effort.

2001 Ambulatory Surgery Survey
The Commission will release the survey in April to approximately 300 ambulatory care facilities in Maryland. The data will be used to support a variety of health planning activities at MHCC. Other data collected through this survey will be used in the Hospital and Ambulatory Surgery Quality reporting initiative. Ambulatory care facilities will have 45 days to complete the survey.

Long-Term Care (LTC) Surveys and Analysis Activities
A preliminary version of the data collected via the LTC survey has been released for intramural use. The assisted living component has also been released to a team of researchers at the Johns Hopkins School of Medicine, Wilmer Eye Institute.

Cost and Quality Analysis

Spotlight on Alzheimer's
The staff will release a short piece on the prevalence and cost of Alzheimer's disease within Maryland's elderly population. The number of people with Alzheimer's disease is expected to rise substantially in this decade. This spotlight report discusses the trends in Alzheimer's disease within the Maryland Medicare population between 1996 and 1999. It presents information on the prevalence of the disease, both statewide and by county, a description of those afflicted, and an estimate of associated government expenditures. The outlook for Alzheimer's disease is also briefly discussed.

Practitioner Report
The staff will release the ***Practitioner Utilization: Trends within Privately Insured Patients, from 1999 to 2000.*** The report examines payments to physicians and other health care

practitioners for the care of privately insured Maryland residents under age 65. Analysis is based on the health care claims and encounter data that most private health insurance plans serving Maryland residents submit annually to the Maryland Health Care Commission as part of the Medical Care Data Base. Among the principal findings:

- Spending grew sharply from 1999 to 2000. The increase was due to increased quantity of care and greater intensity of service. On average, the report found that the prices paid to practitioners were unchanged from 1999 to 2000.

- Rates paid by private insurers in 2000 were 4 to 5 percent above Medicare's rates. The Maryland differential is relatively small compared to studies that examined practitioner fees nationwide.

- HMOs and Non-HMOs paid, on average, similar rates although HMOs paid less than non-HMOs for office visits, but substantially more for services delivered by practitioners in inpatient hospitals settings. (These comparisons do not include HMO capitated services.)

- By place of service, spending for practitioner services grew fastest in outpatient departments (including emergency rooms). This pattern is consistent with the high rates of growth reported for facilities in the Commission's 2000 State Health Care Expenditures (SHEA) report.

- The study identified a shift toward self-insurance in both HMO and non-HMO settings. Self-funding of health care is one response employers select when facing rapidly escalating health care expenditures.

EDI Programs and Payer Compliance

HIPAA State Conference
The Commission's first state conference on HIPAA was held on February 19th at the BWI Marriott. Approximately 430 representatives from physician offices, ambulatory care centers, hospitals, and payers attended this all day event. Conference summary evaluations were completed by about one-third of the participants. This information has been put into a database and is under review by staff. At first glance, it appears that the participant ratings were favorable and the conference met the Commission's goal to get HIPAA information to those who need it.

EHN-Certification
MHCC-certification was officially awarded to three electronic health networks: ProxyMed, WebMD, and RealMed Corporation. In addition to preparing the necessary documents for MHCC accreditation, the staff worked with individuals at each organization to support and ensure their commitment to the requirements of COMAR 10.25.07.

EDI/HIPAA Promotion
Staff met with representatives of the Mid-Atlantic Health Information (MAHI) organization and the Eastern Shore Medical Group Managers Association during the month of February to present and share the Commission's EDI/HIPAA education strategies.

EDI/HIPAA Work Group
A work group meeting was held on February 26th. The agenda focus was on the HIPAA Security Assessment Guide and targeting the information to meet the needs of users having limited resources. The Security Guide will be styled similarly to the privacy tool with an expected date of release in early summer

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)
At the October 2001 meeting, the Commission voted on proposed benefit changes to the CSHBP. The Commission adopted the provisions of HB 160 (coverage for hearing aids for children) into the CSHBP with a clarification in the regulations that coverage is limited to a minor child, defined as a child ages 0 to 18 years. These proposed regulations were posted in the *Maryland Register* at the end of December for the 45-day comment period. At the February 2002 meeting, the Commission adopted the regulations as final so that the benefit changes can be implemented on July 1, 2002.

On January 31st, Commission staff mailed the annual financial survey packets to all carriers participating in the small group market in Maryland. The deadline for carriers to submit this data is April 5th. Staff will complete an analysis of the survey results, including number of lives covered, number of employer groups purchasing the CSHBP, loss ratios, average premiums as they relate to the 12-percent affordability cap, etc. Staff will present these findings to the Commission in the spring.

Study of the Small Group Market
SB 457 of 2001 required the Commission to contract with an independent consultant to: (1) conduct a study comparing the performance of Maryland's small group heath insurance market reform law to other states; and (2) meet with and provide periodic updates to an independent advisory committee. Health Management Associates (HMA), the consultant who was awarded the contract, conducted telephone interviews with the insurance departments and carriers of the six states included in the study. Elliott K. Wicks, Ph.D., Project Manager for HMA, presented a draft outline of the report to the Commission at the January meeting. Dr. Wicks presented the findings and recommendations of this independent study to the Senate Finance Committee on February 20th, and to the Economic Matters Committee on February 26th. A copy of the final report was distributed to the Commission, and is available on the Commission's website at: http://www.mhcc.state.md.us/cshbp%5Csmallgrpfrpt.pdf.

In order to implement a recommendation from Dr. Wicks' report, SB 888 and HB 1427 were introduced by the leadership. If enacted, these bills would reduce the self-employed open enrollment from the current offerings of twice a year to one time per year. The status of these companion bills will be reported in the legislative update. Any other recommendations from Dr. Wick's report would be subject to future study and would not require legislative change.

Evaluation of Mandated Health Insurance Services
At the December 2001 meeting, the Commission approved the mandated benefits report, prepared by our actuarial consultant, William M. Mercer, Inc., (Mercer) for public release. The final report has been posted on the Commission's website and printed copies also are available through Commission staff. The final report was sent to the General Assembly in January. Mercer will be

available to present the report to the General Assembly during the 2002 legislative session. (http://www.mhcc.state.md.us/cshbp/mandates/finalmercerreport.pdf).

Substantial Available and Affordable Coverage (SAAC)
Legislation passed by the 2001 Maryland General Assembly freezes the existing differential provisions of the SAAC product administered by the Health Services Cost Review Commission (HSCRC) through June 30, 2003. Regulations to conform the SAAC benefit plan to the CSHBP became effective with open enrollment periods beginning December 1, 2000. At the October 2000 meeting, the Commission approved regulations to further conform the SAAC benefit plan to reflect changes to the CSHBP that became effective July 1, 2001.

Currently, there are three carriers participating in the SAAC market. However, Aetna and Optimum Choice, Inc. have notified the Maryland Insurance Administration (MIA) and the HSCRC that they are no longer accepting enrollees through open enrollment. Both carriers will consider leaving the market altogether after the 2002 legislative session. Finally, CareFirst is eliminating the FreeState and Delmarva HMOs from the SAAC market, the non-group (individual) market, and the small group market. A number of FreeState enrollees will not satisfy CareFirst's stricter underwriting requirements for its PPO and indemnity products. These stricter underwriting requirements may force the non-qualifying FreeState HMO enrollees to enroll in CareFirst's SAAC PPO product (at a higher premium and with deductibles), to try to obtain a medically underwritten product from another carrier, if possible, or to forgo insurance altogether. Small group employers can buy riders to reduce the high deductibles; however, individuals purchasing the SAAC product cannot. At the October 2001 Commission meeting, staff presented emergency regulations to lower the deductible in the SAAC PPO product, but the Commission did not pass the proposed regulations. The General Assembly is addressing SAAC in conjunction with the CareFirst conversion issue during the 2002 legislative session.

Legislative and Special Projects

Nursing Home Report Card
Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The initial version of the new web-based Nursing Home Performance Evaluation Guide is available through the Commission's website at http://209.219.237.235/ . Work continues with the vendor to update the website based on new information and feedback that the Commission has been receiving since the public release. An updated version of the Guide will include a revised Deficiency Information page, updated data from the Minimum Data Set, and the MHCC Long Term Survey, as well as an advanced search capability that will allow consumers to search by facility characteristics and certain services. The updated version of the Guide will be made available to the public this month.

Hospital/Ambulatory Surgical Facility Report Card
Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The Commission had requested a delay because of the emphasis given to the release of the nursing home report card. The initial version

of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31st at the Legislative Services Building in Annapolis (http://hospitalguide.mhcc.state.md.us/.)

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmission rates for 36 high volume hospital procedures (diagnosis related groups or DRGs). Readmission rates for circulatory system diseases and disorders are currently under review and will be released at a later date. Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented.

Data collection for the two core measure sets (Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative will begin in March 2002. Data will be gathered on a pilot, or test, basis through June 2002. Data gathered between July and December 2002 will be made publicly available in the second iteration of the Hospital Guide in Spring 2003.

A separate guide will be developed for the ambulatory surgical facilities (ASFs). It is anticipated that the ASF Consumer Guide will be made public in the summer of 2002.

State-Level Survey of the Uninsured

A state-level survey of the uninsured has been developed by a team of staff from DHMH's Office of Planning, Development and Finance and Office of Public Health Assessment in coordination with the MHCC. The contract was awarded to the Gallup Organization, which had conducted a number of similar surveys in other states. Gallup's subcontractor, REDA International, began conducting interviews in Maryland on October 8th. Data collection was completed on December 28, 2001 with a final total of 5,137 households. A report based on the results of the survey is expected to be available by the end of this month.

Patient Safety

Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. The preliminary report, approved by the Commission at the December meeting, has been sent to the General Assembly and staff expects to brief the appropriate committees upon request.

HMO Quality and Performance

Distribution of Publications

During February, an application was submitted to the Library of Congress for a copyright for each of the 2001 HMO publications, as has been the Commission's practice for the HMO publications.

HMO publications were provided for distribution at a Med Chi product information show and the Commission-sponsored HIPAA conference. During the past month, publications were sent to insurance brokers/broker associations and individuals making requests. Copies of the Guide for Consumers and Policy Report were supplied as reference items, along with a suggestion for an article, to several health association newsletters and publications. Attendees of a pre-bid conference for the Commission's HMO Report Development RFP also were given copies of the various reports.

Just in time to give attendees at the Commission's HIPAA conference, staff finished work on a new four-color "bookmark" informing consumers that HMO, nursing home, and hospital performance evaluation guides are now available. The bookmark will be used as a give-away at health care delivery sites. It includes a short description of each of the three types of evaluation guides produced by the Commission and tells consumers how/where each guide can be found on the Internet. In the case of the HMO publications, it states that hard copies are available from MHCC. Several innovative distribution methods are being explored.

Distribution of 2001 HMO Publications

Cumulative distribution - beginning with release of each publication	**9/28/01- 2/28/02**		
	Paper	**Electronic Web**	
Comparing the Quality of Maryland HMOs: 2001 Consumer Guide **(30,000 printed)**	24,851	**Interactive version**	**Visitor sessions =** 1,153 **Hits =** 5,336
		pdf version	**Hits =** 20,756
2001 Comprehensive Performance Report: Commercial HMOs in Maryland **(700 printed)**	629	**Hits** = 28,820	
Policy Report on Maryland Commercial HMOs: The Quality of Managed Care **(1,500 printed)**	942	**Hits** = 747	

HMO Publication Distribution by Category
Sept. 2001 – Feb. 2002

Category	**Consumer Guide (30,000 printed)**	**Compre-hensive Report (700 printed)**	**Policy Report (1,500 Printed)**
Public Libraries (includes depositories for government publications)	18,084	270	168
Academic Libraries/Graduate Programs	1,343	17	93
HMOs	1,970	68	10
Maryland consumers requests	231	9	2
Insurance Brokers	145	0	4
MD Legislators and Staff/State Agencies	696	54	445
Press Conference (includes media)	100	40	81
National Contacts / Requests	70	38	70
Physicians/health care providers	260	4	25

Unions / Large Employers / Organizations	1,010	10	25
MHCC Contractors	123	24	54
Small Businesses	11	0	0
Schools	50	0	0
Not Specified	758	95	0
Cumulative Totals:	24,851	629	942
Publications unaccounted for			
Publications Remaining	5,149	71	558

2002 Performance Reporting (CAHPS Survey, and Audit of HEDIS Data)
HMO Division staff and HealthcareData.com, the audit contractor, met in February. Prior to the meeting, which focused on progress being made in the 2002 audit of health plans, staff provided feedback to HDC on a proposed template for the final audit report. The meeting helped clarify a number of issues and expectations. Staff continues to review materials, including the measures proposed to be examined in greatest detail, " the core measure set," for each plan and to provide feedback to the auditors. Joyce Burton, who has been designated as the first line contact on auditing issues, plans to attend an audit site visit again this spring.

As a check on the survey process, HMO Division staff was "seeded" for each of the four pieces of mail being sent to a sample of 950 members of each plan. To date, two waves of mailing have been completed.

Report Development Contract
As the final year of three years of the Report Development contract with MEDSTAT concluded, billing and data issues were reconciled. Data files for the 2001-2002 HMO publications were reviewed and re-formatted, as needed, and electronically archived on the MHCC network. Files will be copied for the next Report Development contractor to use in trending data for the HMO publications.

A request for proposals (RFPs) for HMO Report Development work for the next contract period (2002 - 2004, with an extension period of one additional year through May 31, 2005) was mailed to approximately 115 prospective vendors on January 31st. The pre-bid conference was held on February 12th with about a dozen vendors attending. On March 4th proposals were due to MHCC. An evaluation committee met for the first time on March 14th.

Comparison of Carefirst and WellPoint Performance
HMO Quality & Performance Division staff compared 2001 published performance data from, CaliforniaCare (a for-profit Blue Cross HMO plan) owned by WellPoint, and the three for-profit Blue Cross HMOs owned by the non-profit holding company CareFirst in Maryland. WellPoint and CareFirst were found to be quite similar in clinical scores, more different from each other in survey results. Maryland plan members gave their plans higher scores on all ten questions considered in the comparison. When asked how they would rate their health plan and the health care they receive from their plan, CareFirst members scored their plan fourteen points higher than WellPoint members.

Legislative Update

As of March 14th, staff has been asked to review 94 bills. The Commission is taking no position on 65 of those bills.

Letters of information (8) were sent for 6 mandated benefits bills, and two for a cross-filed proposed demonstration project under the Maryland Health Care Foundation.

Letters of support (2) are being sent for the House and the Senate SAAC revision bills.

Letters of concern (3) were sent on: (1) a bill that would allow counties and municipalities to open their employee benefit plans to county or municipality residents – this bill could potentially affect the small group market and does not address a number of issues related to adverse selection and potential increased premiums for those country and municipality employees; (2) a bill that would require the Commission to report certain information about Managed Behavioral Health Care Organizations (MBHO) on the *HMO Consumer Report* – it would not be possible to report aggregate MBHO information by HMO; and (3) a bill that would change the definition of an ambulatory surgery facility that would have the effect of allowing overnight stays.

Supporting (7): (1) an Insurance Administration departmental bill that would not allow carriers to discriminate among the commissions it pays its agents depending on the size of the small employer for which they write policies; (2,3) the repeal of the termination provisions on two cross-filed bills related to limited direct admissions in Continuing Care Retirement Communities (CCRC's) – this position was approved by the Commission under the auspices of a study of the issue conducted by Commission staff; (4) the proposed Medical Review Committee Civil Immunity as approved as a recommendation in the Patient Safety Interim Report; (5,6) the cross-filed bills to limit open enrollment periods for the self-employed in the small group market (Wick's recommendation); and (7) supporting, with amendment, the study of the All-Payor system expansion: the amendments would limit the scope of the study to issues pertaining to overcrowding and improper utilization of emergency rooms. House leadership supports the incremental approach that the Commission is recommending.

Opposing (9): (1,2) the two cross-filed bills that remove obstetric services as a category of medical services from the health planning statute, which would allow a hospital to add or eliminate the services without any review by the Maryland Health Care Commission (NOTE: the House Environmental Matters Committee has given this bill an Unfavorable report while the Senate Finance Committee has not scheduled a bill hearing yet); (3) a bill that would require the Commission to survey the uninsured every two years (opposed for fiscal reasons. NOTE: the Senate Finance Committee has given this bill an Unfavorable report); (4) a bill that would allow small employers that contract with Professional Employer Organizations to not be subject to small group market reforms (NOTE: the Senate Finance Committee has given this bill an Unfavorable report); (5) a bill to somewhat deregulate the Open Heart Certificate of Need (CON) process (NOTE: the House Environmental Matters Committee has given this bill an Unfavorable report); (6,7,8,9) four other House bills that would affect the small group market (NOTE: one of these bills has been given an Unfavorable report by the House Economic Matters Committee).

The Commission had its House and Senate budget hearings on February 12th and February 18th, respectively. The two permanent positions that the Commission had requested were not approved, however, language was included in the budget to allow the Commission to hire contractually for those positions.

HEALTH RESOURCES

Certificate of Need

Staff issued a total of nine determinations of non-coverage by Certificate of Need review during the past month; four were related to ambulatory surgery. Three physician groups received determinations that Certificate of Need was not required to establish single operating rooms in office-based settings. Two of these are located in the Annapolis area, and one is in Baltimore County. In addition, a proposal by Surgical Synergies, Inc. (SSI) to acquire a Frederick podiatrist's office-based ambulatory surgery facility with three operating rooms and to relocate it to an adjacent site received a determination of non-coverage by Certificate of Need review after its developers scaled back the capacity to two operating rooms, thereby reducing its capital cost below the statutory threshold for CON coverage.

Also during the last month, staff issued determination letters for the following proposed actions: the acquisition of St. Agnes Nursing and Rehabilitation Center in Ellicott City by Millennium Health Services, LLC, for $6.9 million; an increase of $3.5 million in the total capital cost (now $24.6 million) of a major renovation of St. Mary's Hospital in Leonardtown, for which the hospital had previously pledged to HSCRC not to seek a rate increase beyond the $1.5 million statutory limit and the Commission had issued a non-coverage determination in November 2001; and an extension to a previously-authorized temporary delicensure of 45 beds at Waterview Healthcare Center, to permit new owners time to renovate and rebuild census. In addition, staff issued determinations of non-coverage sought for two services not regulated at all by Certificate of Need: a six-bed intermediate-stay halfway house at Sheppard Pratt Hospital, and a major medical equipment purchase by Bowie PET Scan LLC.

Acute and Ambulatory Care Services

A public hearing, chaired by Commissioner Evelyn Beasley, was held on the draft State Health Plan chapter on acute inpatient obstetric services on February 21, 2002. There were two speakers, representing MedStar Health and the University of Maryland Medical System/North Arundel Hospital. A summary of the comments received at the public hearing, as well as the written comments received from Holy Cross Hospital and MedStar Health during the formal public comment period, will be presented at the March Commission meeting.

On February 27, 2002, a meeting was held with a work group established by staff to evaluate the criteria the Commission uses to distinguish between an operating room and a procedure room for purposes of determining whether surgical capacity in a physician's office needs a Certificate of Need. The work group, consisting of representatives of several freestanding ambulatory surgery centers, the Maryland Ambulatory Surgery Association and the Maryland Hospital Association, will schedule a second meeting to continue the discussion.

On February 28, 2002, a meeting was held with representatives of the Maryland Institute of Emergency Medical Services Systems (MIEMSS), the Office of Health Care Quality (OHCQ), and the office of the Secretary of DHMH to discuss possible collaboration on a survey of the capability of hospitals to increase their licensed bed capacity. A second meeting of this group is scheduled for March 22, 2002 to discuss the objectives, limitations, and possible data elements of such a survey.

On March 7, 2002, several members of the Health Resources Division attended a site visit at the Arundel Ambulatory Surgery Center in Anne Arundel County. Acute and Ambulatory Care staff is assisting in the review of a Certificate of Need application filed by this ambulatory surgery center to increase its operating room capacity.

Work continues on the development of a concept paper outlining research questions, methods, and resource requirements that will serve as a vehicle for discussion with potential granting agencies on policy issues in the regulation of ambulatory surgery. This paper will be used to explore different funding options. Program staff is working with staff of the Performance and Benefits Division to incorporate related interests of the agency in performance evaluation.

A joint staff meeting of the MHCC and the HSCRC is scheduled for March 15, 2002 to discuss issues of interest to both staffs.

Long Term Care and Mental Health Services

The State Health Plan for Facilities and Services: Long Term Care Services (COMAR 10.24.08) was published in the January 25, 2002 *Maryland Register* as proposed permanent regulations. The 30-day formal comment period ended on February 25, 2002. Comments were received from the Health Facilities Association of Maryland (HFAM). An analysis of these comments and recommendations will be presented to the Commission at its March 21st meeting.

The next meeting of the Hospice Work Group will be held on March 20, 2002. The methodology for projecting the need for hospice services will be the focus of the next meeting.

Staff responded to several requests for data and information, as follows:

- Information on chronic hospital services: technical assistance requests were made by the DHMH Office of Planning, University of Maryland, Lifebridge Health System, Massachusetts State Health Department, and private attorneys;

- Data, regulations, and information on Continuing Care Retirement Communities from a consultant in St. Louis, and a developer in Baltimore;

- Data on hospice methodology from a planner in Arkansas;

- Data on nursing home occupancy from a private consultant in New Jersey; and

- Data on home health agencies from GBMC, Family and Children's Services, Baltimore Business Journal, Professional Health Care Resources (a private consultant in Virginia) and an individual.

Specialized Health Care Services

The first meeting of the Advisory Committee on Outcome Assessment in Cardiovascular Care was held on March 4, 2002. The Commission appointed the Advisory Committee to study and develop recommendations on establishing an ongoing, statewide quality improvement program in cardiovascular care. Four subcommittees will study specific areas identified by the Advisory Committee: (1) data reporting; (2) interventional cardiology; (3) long range issues such as screening and prevention; and (4) inter-hospital transport. Committee members reviewed and

discussed the charge, structure, and timetable of the committee and subcommittees; an overview of cardiovascular quality improvement (QI) initiatives at the national, regional, and state level; and the elements of a cardiovascular QI model. The next meeting of the Advisory Committee will be held on April 17, 2002, at 6:30 p.m. in the 2nd Floor Atrium of the Medical School Teaching Facility at the University of Maryland Medical School.

On March 12, 2002, the Commission held a prehearing conference to discuss the procedural rules governing the evidentiary hearing on the applications received in the Certificate of Need review for an open heart surgery program in the Metropolitan Washington region. The evidentiary hearing is scheduled to begin on June 10, 2002. Prefiled testimony is due on May 20, 2002.

Staff prepared a summary and analysis of public comments received on the proposed changes to the State Health Plan for Organ Transplant Services (COMAR 10.24.15). The Commission received written comments from one organization during the 30-day period that ended on February 25, 2002. At the March Commission meeting, staff will present the staff recommendations and request action to adopt the updated Plan chapter as final regulations.

Staff is verifying the status of grandfathered transplant programs with regard to compliance with the volume and accreditation requirements of COMAR 10.24.15. As part of routine data collection, bone marrow and stem cell transplant programs in the District of Columbia, Northern Virginia, and Maryland have submitted data on utilization of the programs from October through December of 2001.

The Work Group on Rehabilitation Data met on March 7, 2002. Rehabilitation hospitals and units in Maryland will provide updated information on each facility's accreditation by CARF, the Rehabilitation Accreditation Commission, and the number and category of rehabilitation beds to the OHCQ. Transmission of the recommended rehabilitation data elements to the HSCRC and MHCC has been delayed until July 1, 2002. Commission staff continues to work with the facilities, HSCRC, and the Technical Support Office of the federal Centers for Medicare and Medicaid Services (CMS) on issues related to data reporting.

Commission staff is working with HSCRC staff and the District of Columbia Hospital Association to establish routine data reporting in compliance with Maryland law and regulations. Chapter 678 of the 1999 Acts (House Bill 994) and COMAR 10.37.06 require nonfederal acute care hospitals located in Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia to submit certain discharge data to the HSCRC.